

Youth Documentation Request

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To begin the application process for the WIOA program, we ask that you read and complete the following documents thoroughly. Once all of the documents pertaining to you are completed, please **FORWARD YOUR APPLICATION PACKET BY FAX, MAIL, OR E-MAIL TO OUR OFFICE.**

Youth Intake Coordinator Samantha O'Day 770-538-2638 soday@gmrc.ga.gov

Applicant Name: _____

Please fill out the application packet to the best of your ability and bring it along with:

- ☐ Birth certificate ☐ Social Security card ☐ O*Net Skills Assessment
☐ Photo ID (driver's license, learner's permit or state ID)

GED Assistance:

- ☐ Withdrawal Letter
☐ TABE scores from GED center for Math & Reading

College Assistance:

- ☐ College Acceptance Letter ☐ TABE scores (make appointment with Intake Staff to schedule this test)
☐ Program Outline
☐ Schedule
☐ Financial Aid Verification

Do you receive Food Stamps or TANF?

- ☐ **Public Assistance Documentation**- Must reflect the household members (NAMES) as well as the amount receiving per month. Your COMPASS Account - www.compass.ga.gov will show the head of household, address, amount receiving per month and the household members' names. If you do not have an online account, we need the statement from DFCS showing the household members names as well as the amount receiving.

Are you 18 or Older?

- ☐ **Selective Service** – If you are a man age 18 or older and living in the U.S., then you must register with Selective Service. You can register at any U.S. Post Office or go to www.sss.gov.
☐ **Affidavit of Citizenship** (Applicant Status Affidavit) – signed and notarized. **MUST BE ORIGINAL; we will not accept a Fax, Email or a copy**

Do you have children?

- ☐ Photocopy of the child's Birth Certificate, proof of birth, or proof of pregnancy.

Involved with Department of Juvenile Justice?

- ☐ Letter or other documentation showing court involvement

Other: _____

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) YOUTH APPLICATION

Applicant Information

Full Name:		Social Security Number		County:	
Address		City		State	Zip Code
Mailing Address (if different)		City		State	Zip Code
Home Phone		Cell Phone		Email	
Date of Birth (mm/dd/yyyy)		Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____			
AGE:					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					

Are you a part of a Social Networking Site (E.g. Facebook, Twitter) ☐ Yes ☐ No
(If "Yes" indicate the name of the site and your profile name)

Name of Site _____ **Profile Name** _____

Family Contact Information

Parent/Guardians' Name: _____

Relationship: _____

Address: _____ City: _____ St _____ Zip: _____

Home Telephone: () _____ Cell Phone: () _____

Email address: _____

Emergency/Other Contact Information

The person whose name is listed below does not live with me but can always contact me.

Name: _____ Relationship: _____

Address: _____ City: _____ St _____ Zip: _____

Home Telephone: () _____ Cell Phone: () _____

Email address: _____

Medical Information: Complete with any information WIOA program workers would need to know

Allergies:	Medications Taken Daily:
Special Physical Limitations:	Personal Physician Information:

Youth Information

Citizenship : ☐ U.S. Citizen or Naturalized ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted

List Alien Registration Number & Expiration Date: _____

Are you authorized to work in the United States? ☐ Yes ☐ No

Are You Registered with Selective Service? (males only born on or after 1/1/1960) ☐ Yes ☐ No ☐ Not Applicable

Do you consider yourself to have a disability? ☐ Yes ☐ No ☐ Chose not to identify

Driver's License Information

Do You Have a Georgia Driver's License or Georgia I.D.? ☐ Yes ☐ No

Has your license ever been or/ is currently Suspended or Revoked? ☐ Yes ☐ No

Education History

Are you currently enrolled in school? ☐ Yes ☐ No

If yes, Name of School, Program, Anticipated completion date _____

What is the Highest grade you have completed? 12 11 10 9 8 7 6

Highest Credential Earned ☐ HS Diploma/GED ☐ Certificate ☐ Associates ☐ None

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (FS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Veteran Information

Did you serve in the active duty military, naval, or air service? ☐ Yes ☐ No

If yes, please complete the following:

Branch: _____ **Date Entered:** _____ **Date Released:** _____ **Type of Discharge** _____

Did you serve more than one tour of duty? ☐ Yes ☐ No

Employment

Have you ever worked? ☐ Yes ☐ No
 Are you currently employed? ☐ Yes ☐ No
 Current or most recent rate of pay _____
 Did you receive severance pay from your last employer? ☐ Yes ☐ No
 Are you currently receiving retirement pay? ☐ Yes ☐ No
 Are you or have you received Unemployment Compensation (UI)? ☐ Yes ☐ No

List current and previous employers, going back 10 years, beginning with your current or most recent job.

Most Recent Employer: _____ Type of Business: _____
 Address: _____ Phone: (____) _____
 Job Title: _____ Hourly Wage: \$ _____
 Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship
 Main Duties: _____
 Equipment/s Used: _____
 Start Date (Month/Year): _____ End Date(Month/Year): _____
 Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other
 Explain Reason: _____

Individual Barriers

Do you have a disability or an Individual Education Plan? ☐ Yes ☐ No
 Have you ever been convicted of a misdemeanor or felony? Misdemeanor: ☐ Yes ☐ No Felony: ☐ Yes ☐ No
 Have you EVER been arrested or in trouble with law enforcement or juvenile court? ☐ Yes ☐ No

If "Yes" please check the appropriate box(es) and provide the date(s) of conviction.

<input type="checkbox"/> DUI _____	<input type="checkbox"/> Assault/Battery _____
<input type="checkbox"/> Drug Possession _____	<input type="checkbox"/> Drug Distribution/Sale _____
<input type="checkbox"/> Theft/Receiving Stolen Goods _____	<input type="checkbox"/> Resisting Arrest _____
<input type="checkbox"/> Fleeing the Scene _____	<input type="checkbox"/> Driving w/o Insurance _____
<input type="checkbox"/> Speeding _____	<input type="checkbox"/> Driving w/ a Suspended License _____
<input type="checkbox"/> Other: _____	

Are you currently behind in middle/high school for failing 2 or more subjects? ☐ Yes ☐ No

School? _____ Failed Subjects? _____

Are you a school dropout? ☐ Yes ☐ No

Withdrawal Date: _____ School? _____

Are you currently a runaway youth and/or homeless? ☐ Yes ☐ No

Are you pregnant or parenting? ☐ Yes ☐ No

Are you currently in or have you been in foster care? ☐ Yes ☐ No

Do you need assistance in completing an educational program or securing and retaining a job? ☐ Yes ☐ No

Do you have a parent who are been incarcerated in the last year for a minimum of six months? ☐ Yes ☐ No

Are you living with someone other than a parent? ☐ Yes ☐ No

LANGUAGE INFORMATION

Do you read and understand English?

☐ Yes ☐ No

What is your primary language? (if other than English): _____

Do you need an interpreter?

☐ Yes ☐ No

QUESTIONS

What are your career plans? What type of work do you see yourself doing in 5 to 10 years?

How did you hear about the WIOA program?

If we were trying to find an employer to hire you, what are the good qualities that you have that an employer wants? Explain your strengths that will make you a success in our program, school or in a job.

Training Goals – College, Tech School, & GED

1. Do you have a training goal?

☐ Yes ☐ No

a. Describe your training goal. Be specific _____

b. Reason you selected this training goal? _____

2. If you do not have a training goal, do you need assistance in selecting a training goal?

☐ Yes ☐ No

3. Have you been accepted to a school?

☐ Yes ☐ No

What school and program _____

4. Have you previously enrolled in training funded through WIA?

☐ Yes ☐ No

If you answered no, go to question #6.

a. Name of school attended: _____ Dates attended: _____

b. Name of training program or course of study: _____

c. Did you complete the training? If yes, skip to question #5

☐ Yes ☐ No

d. Why did you not complete training? _____

5. List other funds you are seeking to assist you through training (i.e. PELL, HOPE, scholarships, loans, etc.)

WIA Release of Information Consent /Certification & Acknowledgment

RELEASE INFORMATION FOR ELIGIBILITY

Initial Here
Parent Initial

I authorize the release of my information to the Career Facilitator as necessary to determine my eligibility for the Workforce Investment Act (WIA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION

Initial Here
Parent Initial

I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Facilitator. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information, diploma/certificate/credential attained, and financial aid information. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Facilitator must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT

Initial Here
Parent Initial

I authorize the release of my current and past employment information to the Career Facilitator. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDGMENT

Initial Here
Parent Initial

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

**Applicants are responsible for insuring that all required documentation is attached to their application.
Missing documentation will delay the process of your application.**

Please read carefully, initial each release/acknowledgment, sign and date.

Signature

Date:

Parent Signature

Date:

Youth Family Composition and Address Verification

Names of Family Members (including applicant)	Relationship to Applicant	Income from last 6 months	Social Security Number
1.	APPLICANT		
2.			
3.			
4.			
5.			
6.			
7.			

Please write **PHYSICAL STREET ADDRESS** here:

Address: _____

City: _____

State: _____ Zip: _____

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Address verification: This section must be filled out by someone who **DOES NOT LIVE** with you. Your application WILL NOT BE PROCESSED if you skip this section.

I certify that the above applicant's family consists of those persons listed.

Signature of person verifying form: _____

Relationship to applicant: _____

Address: _____

City: _____

State: _____ Zip: _____

GMWD Staff ONLY

in Family:

Total Wages: \$

Eligible for WIOA Funds: ☐ Yes ☐ No

Staff Member Certification:

RIGHTS STATEMENT

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GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT BOARD
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501
(770) 538-2727 PHONE ♦ (770) 538-2730 FAX

EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Georgia Mountains Regional Commission/Georgia Mountains Workforce Development Board to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

Appropriate steps must be made to ensure that communications with individuals with disabilities are as effective as communications with others.

COMPLAINTS OF DISCRIMINATION

If you think you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within 180 days of the alleged violation with:

Georgia Mountains Regional Commission/Workforce Development
Georgia Mountains Workforce Development Board (GMWDB)
Equal Opportunity Officer:

Andrea Newsom
Human Resources Specialist
P.O. Box 1720
Gainesville, GA 30503
770-538-2626 – Phone
anewsom@gmrc.ga.gov - email

Application for a Workforce Innovation and Opportunity Act (WIOA) funded program **does not create an entitlement** to services, and nothing in the Act shall be construed to establish a right of action for an individual to obtain services under WIOA.

Director of Civil Rights Center (CRC):
U.S. Department of Labor
200 Constitution Ave., NW
Room N4123
Washington, DC 20210

If you elect to file your complaint with the GMWDB, you must wait either until the GMWDB issues a written decision, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the GMWDB does not give you a written decision within 90 days of the day on which you filed your complaint, you do not have to wait for the GMWDB to issue that decision before filing a complaint with the CRC. However, you must file your complaint with CRC within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the GMWDB). If the GMWDB does give you a written decision on your complaint, but you are not satisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received a written decision.

The Civil Rights Act of 1964, as amended, and the Workforce Innovation and Opportunity Act of 2014, as amended, guarantee you the right to file a complaint or alleged action in any area concerning discrimination as stated above.

COMPLAINTS OF FRAUD OR ABUSE

In cases of suspected fraud, abuse, or other alleged criminal activity, you should contact the Office of the Inspector General, U.S. Department of Labor, at 1-800-347-3756. There is no charge for this call.

GMWD GRIEVANCE PROCEDURE

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1. Complaints arising at the Georgia Mountains Workforce Development office level must be in writing, signed by the complainant, dated within one-year of the alleged incident, and must include the following information:
 - a. the full name, telephone number (if any) and address of the person making the complaint;
 - b. the full name and address of the respondent against whom the complaint is made;
 - c. a clear and concise statement of facts, including pertinent dates, and witnesses (if any) constituting the alleged violation, and,
 - d. the type of relief requested.

A complaint will be considered to have been filed when the reviewing authority receives from the complainant a written statement, including information specified above, which contains sufficient facts and arguments to evaluate the complaint.
2. Complaints must be submitted to the Director, Georgia Mountains Workforce Development, 2481 Hilton Drive, Suite 8, Gainesville, GA 30501.
3. The Director shall investigate the complaints and attempt to resolve the matter through mediation within ten days of receipt of the complaint.
4. If the complaint cannot be resolved within ten days, a hearing shall be conducted within sixty days of receipt of the initial complaint. When a hearing is necessary, the complainant and the respondent will be given reasonable notification by registered or certified mail of the following information:
 - A statement of the date, time and place of hearing;
 - A statement of the authority and jurisdiction under which the hearing is to be held;
 - A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
 - A notice to the parties of the specific charges involved;
 - The right of both parties to be represented by legal counsel;
 - The right of each party to present evidence, both written and through witnesses; and
 - The right of each party to cross-examine.
5. A hearing can be rescheduled at the request of either party for just cause.
6. The hearing shall be conducted by the Executive Committee of the Georgia Mountains Workforce Development. This committee may designate staff and/or other parties to serve as the hearing officer. However, no GMWDB or staff member who has been directly involved in the events from which the complaint arose shall serve as a decision-maker in such complaint. If the complaint is against the GMWD itself, an impartial person will be secured by the GMWD to serve as the hearing officer. Impartial hearing officers shall be chosen from qualified individuals with expertise in the area from which the complaint arises. When an impartial hearing officer is necessary, the GMWD Director will be notified to provide a qualified person. The right to an impartial decision-maker shall not be abrogated by the Georgia Mountains Workforce Development Board or Workforce Development Area 2. In an age of advanced communication options and to encourage timely responses to all complaints, the GMWDB may utilize e-mail, internet-based meeting facilities, in-person or any other mutually acceptable formats to conduct a hearing.
7. The Executive Committee of the Georgia Mountains Workforce Development Board, or, its designee acting as a hearing officer, shall have the authority to regulate the course of the hearing, set the time and place for continued hearings, fix the time for filing briefs, and dispose of motions. A final decision must be rendered by the GMWDB Executive Committee or its designee within ninety days of the completed hearing unless all parties are notified by certified mail of the need for additional time.
8. A complete record of the hearing shall be made and maintained for three years and include the following:
 - a. all pleadings, motions, and intermediate ruling;
 - b. detailed minutes or mechanical recording of the oral testimony and all other evidence presented;
 - c. a statement of matters officially noted;
 - d. all staff memoranda or data submitted to the Georgia Mountains Workforce Development Board Executive Committee or its designee in connection with their consideration of the case;
 - e. findings of fact based on the evidence submitted at the hearing;
 - f. notification of both parties of further appeal procedures, if applicable; and
 - g. final decision of the hearing officer.

A written report of all complaints received within the Georgia Mountains Workforce Development office will be filed on-site by the tenth day of the month following the report month. The report will include the name of the complainant, the name and/or organization of the respondent, the date the complaint was filed, nature of the complaint, and the resolution of the complaint (if rendered). If no complaints are received during a given month, no report is due. If there are status updates to previous complaints, a report must be sent to the State by the tenth day of the following month.

GOVERNOR'S REVIEW OF THE GRIEVANCE

The complainant shall be informed of the right to request a review of his or her complaint by the Governor if: **1)** the complainant does not receive a decision at the Georgia Mountains Workforce Development Board level within (30) thirty days of filing the complaint, or **2)** the complainant receives a decision unsatisfactory to him or her.

The request for review should be submitted to: Georgia Department of Economic Development, Workforce Division, Attn: Cherry Peterson, State Compliance Representative, GDECD, WD, 75 Fifth Street, NW, Suite 845, Atlanta, GA 30308; Phone number 404-656-9485; fax number 404-876-1181; email: cpeterson@georgia.org. The request for review of the complaint by the Governor must be filed within ten days of receipt of the adverse decision or within fifteen days from the date on which the complainant should have received a decision. The Governor will conduct a review of the complaint and issue a decision within thirty days from the date of receipt of the review request. The decision rendered by the Governor will be final.

OTHER GRIEVANCES

1. Complaints arising from contracts or vendor agreements with Georgia public schools such as those which pertain to disciplinary actions of teachers or students, grading policy or teacher employment contracts will be handled by the grievance procedure outlined in OCGA 20-2-1160, 20-2-109, 20-2-50. Grievance hearings held by public school service providers should be consistent with State policy/procedures and must be initiated within 30 days of filing of the grievance and a decision rendered within 60 days of the filing date of the grievance. Where grievances arise in the area's outlined above, the service provider will submit to the Georgia Mountains Workforce Development Board (GMWDB) within five (5) days, summaries or checklists of Georgia Mountains Workforce Development Area 2 complaints filed. Hearings held, decisions rendered and appeals filed shall be provided to GMWDB within 10 days of the decision being finalized.

If a complainant does not receive a decision within 60 days of filing the complaint or receives an unsatisfactory decision, the complainant then has the right to request a review by the Governor. The request for review should be submitted to the State Superintendent of Schools, Georgia Department of Education, 2066 Twin Towers East, Atlanta, Georgia 30334. [NOTE: For the purpose of this section, the State Superintendent of Schools or his/her designee acts as the Governor's authorized representative.]

Complaints which pertain to terms of the contract between the school and the GMWDB, which may include curriculum and course content, provision of teaching materials and equipment, eligibility, customer selection, or other terms made part of the contract, should be handled by the grievance procedure as presented in the GMWD Grievance Procedure section.

2. Complaints against the Georgia Department of Labor Career Centers should be filed with the complaint specialist or Career Center Manager in accordance with their policies and procedures.
3. Complaints alleging labor standards violations may be filed using the established local and State Grievance Procedures or submitted to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the grievance so provides.
4. Applicants, customers, service providers, bidders, WIOA funded staff or other interested parties alleging violations of the Acts, regulations, sub grants, or other contracts under WIOA (other than discrimination complaints) shall utilize the GMWD Grievance Procedures in filing a complaint. Individuals shall be informed of this right by the Georgia Mountains Regional Commission/Georgia Mountains Workforce Development Area 2 staff.

I have read and understand the Rights Statement and acknowledge so with my signature.

Customer's Signature

Date

Parent's/Guardian's Signature (if applicable)

Date

***A copy of this document should be given to the customer and one copy should be retained in his/her file (if applicable).**

Supportive Services Request

GED/CREDIT RECOVERY

1. Are you currently attending GED classes? ☐ Yes ☐ No
2. If no, why? If yes, what is your class schedule? _____

3. Have you reached the required 40 hours of class time? ☐ Yes ☐ No
4. Have you taken and passed any of the GED tests? ☐ Yes ☐ No
5. If yes, which ones? _____

6. Do you need assistance in completing a credit recovery program? ☐ Yes ☐ No
7. If yes, how many credits do you need to complete your program? _____

COLLEGE/TECH SCHOOL

8. Do you need College Tuition Assistance? ☐ Yes ☐ No
If yes, why? _____
9. Do you need assistance in paying for books and supplies for your classes? ☐ Yes ☐ No
If yes, why? _____

SUPPORTIVE SERVICES

10. Do you need daycare assistance? ☐ Yes ☐ No
11. If yes, do you have a daycare already? ☐ Yes ☐ No
12. If yes, which one? _____

Please get a price list from the facility OR a letter from the home provider stating what their daily rate is and give this to your Career Facilitator.

Also, you must apply for dependent care assistance with the CAPS Program found at www.compass.ga.gov. When you have the determination letter, please send a copy to your case manager.

13. Do you need gas money reimbursement? ☐ Yes ☐ No
14. If yes, why? _____

Has payment for any of these services you have requested been approved by any other agency?

_____ No _____ Yes Name of agency _____

If employed, list your monthly income and source. If not employed, then briefly explain how you will be supported while completing your training. _____

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the Workforce Development office.

YOUTH PROGRAM FINANCIAL AID VERIFICATION

GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501
(770) 538-2727 • (770) 538-2729 FAX

Student Name: _____ SSN: _____

The student indicated above **applied** for Financial Aid assistance to attend:

_____ on _____
School Date

Campus Location: _____

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

PELL _____	HOPE _____
SEOG _____	OTHER _____

These amounts have been approved for the following semesters:

Fall: _____ Spring: _____ Summer: _____

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. ☐ Yes ☐ No

The student's program of study is: _____.

Expected completion date for this student is: _____.

Name of Financial Aid Officer / Title

Signature of Financial Aid Officer

Date

I grant my permission for the release of this information to the Georgia Mountains Workforce Development.

Student Signature

Date

This page must be signed in the presence of a Notary Public. All WIOA Applicants must submit the **ORIGINAL** signed, notarized O.C.G.A. Affidavit to the Georgia Mountains Workforce Development (GMWD) Office for their file. 13

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for Workforce Innovation and Opportunity Act (WIOA) Training Services as referenced in O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, such as Georgia Driver's License, US Birth Certificate, US Permanent Resident Card or Alien Registration Receipt Card, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:



P 770-538-2727


F 770-538-2729

My Next Move O*NET Assessment Directions

WRITE YOUR SCORES IN THE BOXES PROVIDED BELOW!!! DO NOT SEND THIS IN BLANK!!!

1, Go to: <https://www.mynextmove.org>



2. Click on INTERESTS  in the top right corner of the web page. You will complete 5 sections.
3. START: Read and then click next until you get to the first set of questions.
4. INTEREST: Rate statements 1-60. Do not select UNSURE-the assessment will direct you back to change your answer at the end. Click NEXT at bottom of page to continue to next group of questions.
5. RESULTS: On the left are your RIASEC scores (Realistic, Investigative, Artistic, Social, Enterprising, Conventional). Write your scores in the table below.

	R	I	A	S	E	C
Realistic						
Investigative						
Artistic						
Social						
Enterprising						
Conventional						

6. JOB ZONES: Read and then click next until you get to the screen that is shown below. Choose the JOB ZONE that best represents you. Each JOB ZONE requires a different level of education.

7. Read and click next until you get to "CAREERS" tab on the bottom of the screen. Based on your answers, these are the jobs that you could be suited for. Explore these possible career options, each one listed is a link that will give more information about that career.

STAFF USE ONLY
2015 Youth File Checklist

Name	SSN#
County	Application Date

General Documents-*Every* applicant must turn these in

_____ Social Security Card
 _____ Birth Certificate
 _____ State Issued Photo ID
 _____ Family Composition and Address Verification Form
 _____ Draft Registration (males only)
 _____ Notarized Affidavit
 _____ O*NET/My Next Move Assessment Results

Which WIOA Program/Services?

WIOA Application Packet Forms

_____ Application
 _____ Rights Statement
 _____ Request for Supportive Services
 _____ Youth Contract

Additional Documents for *GED APPLICANTS*

_____ Withdrawal Letter from High School
 _____ TABE Scores from GED School

Additional Documentation for *COLLEGE/TECH SCHOOL APPLICANTS*

_____ Acceptance Letter
 _____ Financial Aid Verification Form
 _____ Program Outline
 _____ School Schedule
 _____ TABE Scores (applicant must meet with WIOA to take this assessment)

Documentation for Special Circumstances

_____ Income Documentation/ Pay Stubs
 _____ Public Assistance Documentation
 _____ Child's Birth Certificate or Proof of Pregnancy
 _____ Documentation of Learning Disability/IEP
 _____ Probation order/Documentation of Court Involvement
 _____ Documentation of Incarcerated Parent
 _____ Non-Dependent Individual Letter
 _____ Other Barrier Documentation

What is the Barrier? _____

[illegible]